

scientific dietetics, certainly, did not come into play when our army was provisioned for a tropical campaign, and last but not least, although it is not the fault of our army medical department, the selection of volunteer surgeons because they were the friends of volunteer colonels or because they had political influence did not select in most cases the leading men of the profession, nor aid in solving the very difficult problems which confronted the medical department of the army.

Clinical Department.

TWO CASES OF SUDDEN DEATH IN INFANTS.¹

BY OLIVER H. HOWE, M.D., COHASSET MASS.,
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CASE I. On the morning of May 31, 1894, I was called to view the body of M. G. A., a female infant about three months old. The child had been well until the previous evening, when, as stated by the mother, it began to have a tight cough with some wheezing and difficulty of breathing. These symptoms caused great restlessness during the early part of the night, but household remedies were applied by the parents and at length at about 3.30 A.M. the child got comfortably asleep, the mother also lying down to sleep upon the opposite side of the bed.

When the mother awoke at about 5.30 A.M. she found the child dead with its face buried in the pillow, upon which it was lying.

I viewed the body at about 9.30 A.M., and found the hands tightly clenched, the lips purple and froth in the right nostril. The larynx was unobstructed and there were no marks of violence upon the body. The pillow, upon which the child's head had been lying, was of feathers and unusually soft and flimsy. The pillow could be pressed or moulded by the hands and would retain whatever shape was thus given to it.

I considered that the child turned over in its sleep (the mother said it had a particular habit of throwing its head about), and that it became suffocated by the pillow, a process that would have been favored by the obstructed condition of the bronchial tubes.

CASE II. On the morning of January 6, 1895, I was called to view the body of J. F. A., a male child three months old. The parents testified that the child had previously been well with the exception of occasional attacks of colicky pain at night. On the night in question, however, the child had no pain, but had been quietly sleeping through the evening in its cradle. When the parents retired the child was transferred from the cradle to the bed occupied by his parents. The child was placed on the farther side, next the wall; the mother lay in the middle at the right of the child and the father on the outer side of the bed. The mother said that her position before going to sleep was a considerable distance away from the child and that on waking up she was in the same position. She slept continuously until morning, as did also the father. On waking, they found the child dead, its face unencumbered by bed-clothing or pillow. The people in the other half of the house said that they heard the child crying at about 3 A.M. and that the crying suddenly stopped.

¹ Read before the Massachusetts Medico-Legal Society, October 5, 1898.

When viewed by me at about 9 A.M. I found large areas of ecchymosis on the right side of the abdomen and of the chest and upon the right thigh and leg. The hands were tightly clenched. The autopsy showed very numerous punctate hemorrhages on the surface and in the substance of both lungs, also over the surface of the heart, the aorta and the right kidney. The hemorrhages were much more marked in the organs on the right side of the body and the right side of the heart. The left kidney and the intestines were normal. The brain was also normal.

The shape and location of the external areas of ecchymosis, together with the punctate hemorrhages revealed by the autopsy, made it clear that the child's death had been caused by the pressure of the mother's body, making it a case of "overlaying." Although she stated that when she awoke she was some distance from the child, it is fair to believe that during sleep she rolled upon the child and remained upon it long enough to destroy its life and then perhaps in another unconscious movement rolled away from it again. Both parents had great fondness for their children and grieved deeply over this unfortunate event.

AN UNUSUAL CEPHALHEMATOMA.

BY W. P. COUES, M.D., BOSTON.

Mary R., born April 12, 1897; a forceps delivery; position O. D. P.; was transferred to my service from the Maternity Department, St. Mary's Infant Asylum, shortly after birth.

At the time of birth there was nothing remarkable about the head. The tumor and ecchymosis about the right eye appeared at the end of forty-eight hours.



The examination of the body was negative. On the forehead, slightly to the left of the median line, was a doughy, elastic swelling, the size of a closed fist; there was much ecchymosis about it, and also around the right eye; under the swelling there could be felt indistinctly a bony ring. The swelling and ecchymosis gradually disappeared. The child died at the end of five weeks of gastro-enteritis. Unfortunately no autopsy was obtainable.